

MEETING APPROVAL

NAME OF MEETING			
LOCATION (City, State)		MEETING DATES:	START: END:
MEETING SPONSOR		PER DIEM: ACTUAL SUBSISTENCE DAILY RATE	
MEETING TYPE	NATIONAL <input type="checkbox"/> NTC AREA OR MULTI-STATE <input type="checkbox"/> IN-STATE <input type="checkbox"/> INTERNATIONAL OR FOREIGN <input type="checkbox"/> OTHER <input type="checkbox"/>		

BRIEF PURPOSE OF THIS MEETING:
(IT IS NOT NECESSARY TO TYPE THIS FORM - BUT BE LEGIBLE)

HOW MANY WILL ATTEND FROM EACH STATE, NTC, OR NHQ? (CONTINUE LIST ON REVERSE SIDE)				(FNM USE ONLY)
LIST STATE, NTC, OR NHQ	NUMBER OF ATTENDEES EXPECTED	SCS STANDARD COST FOR THIS TYPE MEETING	ESTIMATED COST FOR STATE, NTC, OR NHQ	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
		ADDITIONAL MEETING COSTS		
		TOTAL COST OF MEETING	\$	

REQUESTED BY:		APPROVED BY:	
STATE CONSERVATIONIST	DATE	ASSISTANT CHIEF	DATE
NTC DIRECTOR	DATE	DEPUTY CHIEF	DATE
NHQ DIVISION DIRECTOR	DATE	CHIEF	DATE